

the western towns that the medical men have combined together to refuse attendance on lodges. In one locality the action has been unanimous, and the societies have brought in a physician from the outside. We fancy that the lot of that practitioner will not be a "happy one," and we do not apprehend that his residence there will be very prolonged. The members of societies will feel that they are employing an inferior man, for no other would take such a position, and will soon come to the conclusion that in medicine as well as in other departments the best is always the cheapest.

These societies are a great temptation to young medical men, as through them practice is more easily and quickly obtained; but it is difficult to find a physician who has been through this ordeal who will not express regret that he ever accepted the position of lodge doctor. We could point to several instances of premature death, the result of the overwork and over anxiety attendant upon the duties of lodge surgeons. In many instances the demands made by the members of lodges are so unreasonable that the young practitioner, while endeavoring to please his patrons, sinks under the heavy burden.

Those who survive find that after some years these very members, as they become wealthy, will discard the "lodge doctor," and employ one who may be no better but who has an outside reputation.

THE DISPENSARY ADVANTAGES in New York are so extensive that the poorer, and sometimes even the middle classes, are enabled to get good medical and surgical advice without pay. Since the two institutions for advanced medical learning have been established, there is not enough clinical material "to go around." It is now no common matter to find "interesting cases" hiring themselves out at rentals ranging anywhere from twenty-five cents to one or two dollars per lecture, and if this thing goes on, the possessor of a well-marked case—say, for example, of lupus—may regard his "face as his fortune."—*Med News*.

Last year Massachusetts enjoyed almost a total immunity from small-pox, but nine cases, with one death, having been known to occur, which is less than for any year since 1844.

## Hospital Notes.

### TORONTO GENERAL HOSPITAL

#### CASE OF GUNSHOT WOUND.

Under the care of Dr. McFARLANE.

(Reported by Mr. J. Pickard.)

Miss McM., aged 19. Admitted to Toronto General Hospital, Oct. 12, 1884, under Dr. McFarlane's care.

On the evening of Aug. 16th last, about dark, while going through the bush, heard three reports from a gun, fired in quick succession. Saw the flashes, but did not see by whom the shots were fired. Felt something strike the left arm, giving her severe pain, and believed she had been shot. Shortly after reaching home the arm was examined and found to be much swollen, presenting a small, round wound near the centre of the biceps, about four inches above bend of the elbow. No aperture of exit was to be seen. There was considerable hæmorrhage.

The arm was poulticed, and next morning a physician probed the wound but could find no foreign body. The poulticing was continued, and after three days a copious discharge began and continued about three weeks, when the wound closed.

She kept the arm slightly flexed, and while quiet it gave little pain, but when any motion was made or any traction made on it, she experienced severe pain, beginning at axilla and following the course of the musculo-spiral nerve around the humerus and down the posterior aspect of fore arm to extremity of thumb and index finger.

Dr. McFarlane, believing some foreign body to be pressing on and irritating the nerve, made an incision two inches long, commencing two and a half inches posterior to, and about on a level with the site of wound, cutting down upon the musculo-spiral nerve. A small bullet, completely flattened, lying upon the bone, its edge in contact with the nerve, was found and removed. The wound made healed rapidly, and patient left hospital two weeks after operation, the pain very much relieved.